



MISSISSIPPI DEPARTMENT OF  
ENVIRONMENTAL QUALITY

# LARGE CONSTRUCTION GENERAL PERMIT FOR LAND DISTURBING ACTIVITIES OF FIVE (5) OR MORE ACRES

## RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED  
LARGE CONSTRUCTION STORM WATER GENERAL PERMIT MSR10  
GENERAL NPDES COVERAGE NO. MSR10 8 5 2 0

### INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Large Construction General Permit. This form must be completed and returned to the address printed at the bottom of the back page of this form by April 30, 2022.

The signatory of this form must be the owner or operator (prime contractor) who is the current coverage recipient (rather than the project manager or environmental consultant).

If the company seeking coverage is a corporation, a limited liability company, a partnership, or a business trust, attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of the submittal of this coverage form. Permits will be issued in the company name as it is registered with the Mississippi Secretary of State.

Amendments to the Storm Water Pollution Prevention Plan (SWPPP) are required to be attached if the plan is not current or is ineffective in controlling storm water pollutants. SWPPP amendments with the sole intent of incorporating new permit conditions do not need to be submitted to MDEQ for review and/or approval.

If the project is complete and final stabilization has been achieved, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Large Construction Forms Package. Projects that continue to discharge storm water associated with construction activity without applicable permit coverage are in violation of state law.

Do not submit this form if submitting a Request for Termination (RFT) Form.

**ALL INFORMATION REQUESTS MUST BE ANSWERED** (Answer "NA" if not applicable)

### COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Joel Moody, VP Asphalt Operations

COMPANY LEGAL NAME: Warren Paving, Inc.

STREET OR P.O. BOX: P.O. Box 752

CITY: Hattiesburg STATE: MS ZIP: 39401

PHONE NUMBER: ( 601 ) 544-7811 E-MAIL: joelmoody@warrenpaving.com

### FACILITY SITE INFORMATION

FACILITY SITE NAME: Warren Paving Inc, Gulfport Plant

CONTACT NAME & POSITION: Joel Moody, VP Asphalt Operations

CONTACT PHONE NUMBER: (601) 544-7811

FACILITY PHYSICAL SITE ADDRESS (IF NOT AVAILABLE INDICATE NEAREST NAMED ROAD):

STREET: 11211 Reichold Road

CITY: Gulfport

COUNTY: Harrison

ZIP: 39503

PROVIDE THE COORDINATES OF THE PROJECT ENTRANCE OR START POINT:

LATITUDE: 30 degrees 25 minutes 36 seconds LONGITUDE: 89 degrees 01 minutes 17 seconds

LAT & LONG DATA SOURCE (GPS (Please GPS Project Entrance Start Point) or Map Interpolation): Map Interpolation

TOTAL ACREAGE DISTURBED: 16.6 ESTIMATED CONSTRUCTION PROJECT END DATE: 2026-9-1

YYYY-MM-DD

### STORM WATER POLLUTION PREVENTION PLAN (SWPPP)

THE GENERAL PERMIT REQUIRES THE SWPPP TO BE ONSITE, UP-TO-DATE AND EFFECTIVE IN CONTROLLING STORM WATER POLLUTANTS. ACCORDINGLY, THE FOLLOWING QUESTIONS MUST BE ANSWERED YES or N.A. TO RECEIVE RECOVERY.

- |   |   |                             |
|---|---|-----------------------------|
| 1. IS A COPY OF THE SWPPP AT THE PERMITTED SITE OR LOCALLY AVAILABLE?   | <input checked="" type="checkbox"/> YES         | <input type="checkbox"/> NO |
| 2. DOES SWPPP CONTAIN AN UP-TO-DATE ASSESSMENT OF POTENTIAL STORM WATER POLLUTANT SOURCES AND IDENTIFY BMPs TO EFFECTIVELY CONTROL THEM?                    | <input checked="" type="checkbox"/> YES         | <input type="checkbox"/> NO |
| 3. IF A SEDIMENT BASIN IS A PROJECT BMP, IS IT EQUIPPED WITH AN OUTLET STRUCTURE THAT DISCHARGES <u>ONLY</u> FROM THE SURFACE OF THE BASIN (ACT5, T-6 (A))? | <input checked="" type="checkbox"/> YES or N.A. | <input type="checkbox"/> NO |
| 4. DOES SWPPP PROHIBIT THE DISCHARGES LISTED IN ACT2, T-3 (3) OF THE PERMIT?  | <input checked="" type="checkbox"/> YES         | <input type="checkbox"/> NO |

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

I further certify that the project continues as described in the original notice of intent. Also, I certify that I understand when coverage is terminated I am no longer authorized to discharge storm water associated with construction activity under this general permit. I understand that discharging pollutants associated with construction activity to waters of the State without proper permit coverage is in violation of state law.

I am aware of the significant changes in the renewed Large Construction Storm Water General Permit and certify the SWPPP for this project has been modified to incorporate these changes.

Signature<sup>1</sup>

Joel Moody

Printed Name<sup>1</sup>

3-15-2022

Date Signed

VP Asphalt Operations

Title

<sup>1</sup>This application for re-coverage shall be signed according to ACT11, T-7 of the General Permit, as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

After signing please mail to:

Chief, Environmental Permits Division,  
MS Department of Environmental Quality, Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225

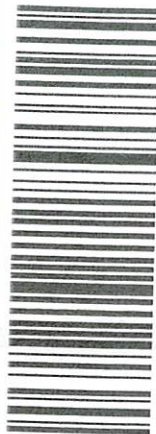
Electronically:

<https://www.mdeq.ms.gov/construction-stormwater/>



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

**CERTIFIED MAIL®**



7020 0090 0001 0984 7205  
7020 0090 0001 0984 7205

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**WARRREN GULFPORT**

Certified Mail Fee \$  
Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$  
☐ Return Receipt (electronic) \$  
☐ Certified Mail Restricted Delivery \$  
☐ Adult Signature Required \$  
☐ Adult Signature Restricted Delivery \$  
 Postage \$  
 Total Postage and Fees \$  
 Sent To **EPD, MDEP, OPC**  
 Street and Apt. No., or PO Box No. **P.O. Box 2261**  
 City, State, ZIP+4® **JACKSON, MS 39225**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**WARRREN GULFPORT**

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**EPD, MDEP, OPC**  
**P.O. Box 2261**  
**JACKSON, MS 39225**

2. Article Number (Transfer from service label)  
**7020 0090 0001 0984 7205**

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☐ Adult Signature ☐ Priority Mail Express®  
☐ Adult Signature Restricted Delivery ☐ Registered Mail™  
☒ Certified Mail® ☐ Registered Mail Restricted Delivery  
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™  
☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery  
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt



CONTRACTORS & ENGINEERS

POST OFFICE BOX 572  
HATTIESBURG, MISSISSIPPI 39403  
TELEPHONE (601) 544-7811 • FAX (601) 544-2005

POST OFFICE BOX 2545  
GULFPORT, MISSISSIPPI 39503  
TELEPHONE (228) 896-8003 • FAX (228) 896-8155

March 15, 2022

Certified Mail Number: 7020 0090 0001 0984 7205

Chief, Environmental Permits Division  
Mississippi Department of Environmental Quality  
Office of Pollution Control  
P.O. Box 2261  
Jackson, Mississippi 39225

RECEIVED  
MAR 18 2022  
Dept. of Environmental Quality

Re: Large Construction Storm Water General Permit Re-Coverage  
Warren Paving Gulfport Plant, 11211 Reichold Road, Gulfport, Harrison County MS 39503  
GP# MSR108520 | AI ID# 4615

Chief:

Enclosed please find the General Permit Re-Coverage Form for the referenced facility.

Please contact me at 601-544-7811 if you have any questions or require additional information.  
Thank you for your assistance in this matter.

Sincerely,

Stephen Castleman  
Safety Director

Attachment – Large Construction Storm Water General Permit Re-Coverage Form